

## **BOSTON INSPECTIONAL SERVICES DEPARTMENT**

THOMAS M. MENINO MAYOR

KEVIN J. JOYCE COMMISSIONER

## 5-YEAR ALTERNATIVE INSPECTION PLAN REQUEST FORM

SECTION 1 – BUILDING	DESCRIPTIO	DN
Address of building:		<del></del>
Number of units in the building:		COMPLEX OR BUILDING?
		nt: (submit addresses on separate sheet
SECTION 2- PROPERTY	OWNER INFO	PRMATION
title holder(s) beneficial owne corporation include the name, partner. If the owner is a corpo	r(s), and contac street address, to oration also inclu	ber of each owner of the building. Owner means the legal et purchaser of realty. If the owner is a partnership elephone number and position of responsible officer of adde the name street address and telephone number of the litional owners on a separate piece of paper.
Property owner's name		
Owner's address:		
Owner's telephone number:	(H)	(W)
Owner's Emergency Number:		
SECTION 3 – AUTHORI	ZED AGENT	1
Agent's name:		
Agent's address:		
Agent's telephone numbers: W	/K:	24 hr number:
ENFORCEMENT HISTORY:		
Have you been subject to any en		at this or other dwellings in the past three (3) years by
ISD or Public Health Commissic (if you need more space use a sepa		e explain per)
DEPARTMENT USE ONLY		· ·
History of unit:	Passed	Failed
History of property:	Passed	Failed
Management plan submitted:	Yes	No
Legal use & occupancy:		
SITE VISIT AUTHORIZED:		APPT. DATE/TIME:
RECEIVED BY:		Application Dep. paid:
		ST 4 UNITS. <b>\$10</b> FOR EACH ADDITIONAL UNIT. LDING. <b>\$1000</b> MAXIMUM PER COMPLEX.

APPROVED 11/03